



Employment Application

An Equal Opportunity/Affirmative Action Employer

Fill out all sections **COMPLETELY**. Once submitted, application materials become the property of the Town. An application must be received in Human Resources by 5:00 p.m. on the closing date posted to ensure consideration. The Town **does not** accept FAXED applications. Photocopied applications must have an original signature and current date. Application may be mailed or hand-delivered to The Town of Wake Forest, Human Resources Dept., 401 Elm Avenue, Wake Forest, NC 27587. If a position is posted as “may close without notice”, **PLEASE APPLY IMMEDIATELY**.

Personal Information		
Full Name		Home Telephone
Address		Work Telephone
City/State	Zip	Mobile Telephone
Employment Information		
Position Applying for		Date Available
Current (or most recent) Base Salary (You may be asked to provide a pay stub as verification of current salary)	Compensation expectations	
Are you currently employed?	If yes, may we contact your employer?	
Have you ever been charged or convicted of a criminal offense? (Note: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since offense, and nature of the crime will be taken into consideration.)	If yes, please explain:	
Education		
College	Major	
Degree	Highest Level Completed	
High School	Location	
Degree or Equivalent	Highest level completed	

Knowledge, Skills and Abilities

Please list any knowledge, skills or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a clerical position, include typing speed and word processing software packages known and/or used.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Registration, Licenses, Certifications

Please list fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued

D.L. Number: _____ State: _____

Employment History

Record your complete work history in the spaces below. If needed, additional sheets, containing the same information and in the same format, are acceptable. List most recent position first. Include all military and related volunteer experience. Please be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable.

Company Name		From	To
Address		Telephone Number	
City/State/Zip		Supervisor's Name	
Last Position	Reason for Leaving		
Job Responsibilities		Compensation:	
		Starting Salary	Last Salary

Employment History continued

<i>Company Name</i>		<i>From</i>	<i>To</i>
<i>Address</i>		<i>Telephone Number</i>	
<i>City/State/Zip</i>		<i>Supervisor's Name</i>	
<i>Last Position</i>	<i>Reason for Leaving</i>		
<i>Job Responsibilities</i>		<i>Compensation:</i>	
		<i>Starting Salary</i>	<i>Last Salary</i>
<i>Company Name</i>		<i>From</i>	<i>To</i>
<i>Address</i>		<i>Telephone Number</i>	
<i>City/State/Zip</i>		<i>Supervisor's Name</i>	
<i>Last Position</i>	<i>Reason for Leaving</i>		
<i>Job Responsibilities</i>		<i>Compensation:</i>	
		<i>Starting Salary</i>	<i>Last Salary</i>
<i>Company Name</i>		<i>From</i>	<i>To</i>
<i>Address</i>		<i>Telephone Number</i>	
<i>City/State/Zip</i>		<i>Supervisor's Name</i>	
<i>Last Position</i>	<i>Reason for Leaving</i>		
<i>Job Responsibilities</i>		<i>Compensation:</i>	
		<i>Starting Salary</i>	<i>Last Salary</i>
<i>Company Name</i>		<i>From</i>	<i>To</i>
<i>Address</i>		<i>Telephone Number</i>	
<i>City/State/Zip</i>		<i>Supervisor's Name</i>	
<i>Last Position</i>	<i>Reason for Leaving</i>		
<i>Job Responsibilities</i>		<i>Compensation:</i>	
		<i>Starting Salary</i>	<i>Last Salary</i>

References		
List 3 individuals (not related to you) who are familiar with your work-related skills.		
Name	Company	
Address	Telephone Number	Years Acquainted
Name	Company	
Address	Telephone Number	Years Acquainted
Name	Company	
Address	Telephone Number	Years Acquainted

Authorization to Provide Information	
<p>I authorize the Town of Wake Forest to conduct a complete background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorize all persons who may have information relevant to this investigation, including employers and others to disclose it (including photocopies where requested) to The Town of Wake Forest or their agents. I hereby release and hold harmless from liability all persons on account of such disclosure. I understand that the investigation may include verification of past employment, review of personal records maintained by any prior employer, education, and opinions of references.</p> <p>This authorization shall be valid for a period of time not to exceed one year following the date indicated below or until employment is terminated, whichever occurs first. The release and hold harmless contained herein shall remain in full force and effect with respect to all disclosures provided within this time period.</p> <p>I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation.</p> <p>I authorize that the information contained in this Employment Application Summary is truthful to the best of my knowledge, and understand that any and/or all information provided is subject to investigation and verification. Should information provided prove to be false, I understand that employment with The Town of Wake Forest may be terminated.</p>	
Signature	Date

